000/13/12

235090

(Caption of Case) Example: Application for a Cleas C Charter Certificate from John Doe dba Doe's Limo REQUEST TO AMEND NAME DICLES VE	BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA TRANSPORTATION COVER SHEET 2010 - 395-T Charter E
Bus Certificate Charge	DOCKET CONTRACTOR
AA Carolina Events, Inc.)
(Please type or print) Submitted by: JOE Rew MROT	(B) Telephone: 843-294-5466
Raddress: 2009 Timramor Rose	803-753-9030
Mynthe Berch SC 295	58 Other:
Town 10. Land in Grant and in the same with	er replaces not supplements the filing and service of pleadings or other papers
as required by law. This form is required for use by the Public	Service Commission of South Carolina for the purpose of docketing and must
be filled out completely. NATURE OF A	CTION (Check all that apply)
Application - Class A/A Restricted	Request for Name Change on Certificate
Application - Class C Taxi	Request to Amend Scope of Authority
Application - Class C Charter	Request to Amend Tariff (rate increase, etc.)
Application - Class C Charter Bus	Request to Amend Passenger Limit
Application - Class C Non-Emergency	Request to Amend Tariff (rate increase, etc.) Request to Amend Passenger Limit Request Exhibit Late-Filed Exhibit
Application - Class C Stretcher Van	Color Exhibit
Application - Class E Household Goods	C Late-Filed Exhibit
Application - Class E Household Goods Application - Class E Hazardons Waste	FICE Letter
Application	Proposed Order
Request for Extension to Comply with Order	Publisher's Affidavit
Request for Order Granting Authority to Obtain a Cer	rificate Reservation Letter
of Public Convenience and Necessity to be Rescinded	Response
Request for Cancellation of Certificate	Return to Petition
Request for Suspension	Other:
Request for Reinstatement	
If you have any questions about this form, please cor	ntact the PUBLIC SERVICE COMMISSION at 803-896-5100.
Pupt com	Beset Forto

CLASS C AM	ENDMENT FORM
File the original with:	Mail or fax a copy to:
Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211	S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578
(803) 896 - 5100 FAX (803) 896-5199	Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
I have the following Certificate:	, 443 423
Class C Taxi#Class C Charter	# 7784-A Class C Charler Bus # 0295
Class C Non-Emergency #	Docker 2010-3
Please consider this as my request for the following	ng amendment(s) to my Certificate:
Name Change	
From: AA Carolina Events, Inc.	DBA:
(Current Name)	(Current DBA if applicable)
(X TO.) AA GROLING ENERS, TW. D	BA: CAROLINA LIMOUSINE (New DBA if applicable)
(New Name)	(New DBA if applicable)
Scope of Authority From:	То:
(Current Scope)	(New Scope)
Passenger Limit	
	To:
(Current Limit Number)	(New Limit Number)
AA CAROLINA EVENTS, INC.	(Street and/or Mailing Address)
Name & DBA if DBA is applicable)	(Street and/or Mailing Address)
(City, State, Zip Code)	& Jag B
	(Signature)
(Telephone Number)	PRESIDENT -
(rechnote Hantinel)	(Title) Owner, President, etc.

* 1 1 119 111

Revised 3-2-10

Form E UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE

Filed with South Carolina Office of Regulatory Sta	aff		(herein: it: c	Ue Count	SIGUE
(Name of	Commissio	in)	T /		LAE
				-F-D	}-2012- 1
This is to certify, that the American Souther	m Insurance	e Company		ILD C	<u> </u>
		(Name of Compa	ny)		_
(hereinafter called company) of 3715 Northside Pkwyy	Bldg 400.	Ath Floor, Atlanta G	A 30327	*** ***	7
(Hereitatter Cause Company) of its to tto the desired	(Home C	Office Address of Co	ompany)		14-14A
AA Carolina Events Inc.	· .				
has Issued to DBA Cerolina Limousine	of 15	7 Governors Loop,	Myrtle Beach, St	29588	
(Name of Motor Carrier)		(Addres	s of Motor Carri	er)	
a policy or policies of insurance effective from 01/3/1/2 stated in said policy or policies and continuing until car Carrier Bodity Injury and Property Damage Liability ins automobile bodily injury and property damage liability in the provisions of the motor carrier law of the State in waccordance therewith. Whenever requested, the Company agrees policies and all endorsements thereon. This certificate and the endorsement description of the State Commission, such thirty (30) days' the office of the Commission.	nceled as prurance End resurance of thich the Co to fumish to to fumish to tibed herein d by the Co	corsement, has or he overing the obligation makesion has jurison he Commission and may not be canceled impany or the Insured	th, by attachmen ave been amend ons imposed upo diction or regulat uplicate original d without cance ed giving thirty (3	t of the Unified to provid in such moto ions promuli of said poli of said poli illation of the 30) days not	orm Motor le or carrier by gated in cy or cy or s policy to tice in
	·			·	
Countersigned at 2555 Kingston Rd. Ste. 250	York	······································		7402	
(Street Address)	(City)		(State)	(Zip Code))
On this 6th day of February	2012	Alle Sh	The second		
Insurance Company File No. BA723647		MINTY	MAC!	ALL RIS	KS, LTD.
(Policy Number)		Authorized Con	npany Represen	tetive	
MC1633					

STATE OF SOUTH CAROLINA SECRETARY OF STATE

SENTIFIED TO HE ATHUR AND CORPECT COPY AR TAKEN FROM AND COMPARED WITH THE ORIGINAL ON FILE IN THIS OFFICE

DEC 2 7 2007

ARTICLES OF AMENDMENT

GEORETARY OF STATE OF SOUTH CAROLINA

TYPE OR PRINT PLEA	RLY IN BLACK IM
--------------------	-----------------

Group

Shares

to be Cast

Pursuant Section 33-10-106 of the 1976 South Carolina Code of Laws, as amended, corporation adopts the following Articles of Amendment to its Articles of Incompanion.		
corporation adopts the following Articles of Amendment to its Articles of Jases and Indian	, the	undersigned

an holiti	-VII #190	Pris The following	Articles of Amends	nent to its Articles of in	. 48 BM80dc COMeration:	od, the undersign	ned
1. The	name g	the corporation	is AA Calol	ina Limousing			
2. Date	of Inco	rporation_Oc	Toper 2	3. 2006		<u> </u>	_
3. Ager	nta Nan	no and Address	Tough &	Bulleen	467		
4. On_	12/2	107	the corporation ad	opted the following Art	157 8476 6	GOVERNIA Seach Sc	15 Cu
or inc	corporal	ion: (Type or at	ech the complete t	ext of each Amendmen	iendment (a)	of its Articles	#/J
Lorang	כיייני	NAME	of COR,	ext of each Amendment o. From AA Cacul	AA	GROL.	MG
Limous	ME	INC.	76	AA Carol	casa	EsouTic	7.
40 z	To 4	,					
canos	mariner, illation (able, ind	, if not set for If issued shaces fart "not applicat	th in the Amenda provided for in the ple" or "NA"),	nent, in which eny o Amendmant shall be	effected, is a	aciassification, (as follows: (If n	ûr Of
			thever is applicable				
• 🗆			ed by shareholder a				
	Bronb	entitled to vote	separately on the A	iction. nt, the number of outsi Imendment, and the vo	ending sham to of such si	es of each voting	ı
Voti	ing	Number of Outstanding	Number of Votes Entitled	Number of Votes	Number	of Undiaputed	

100107-0100 FILED: 12/27/2007 AA CAROLINA EVENTS, INC.

Total Balance

South Caroline Secretary of State

Shares

Of.

Applicat

Mark Hammond

Represented at

the meeting

AA CANCINA LIMANINE JAC.

*NOTE: Pursuant to Section 33-10-106(6)(i) of the 1976 South Carolina Code of Laws, as amended, the corporation can externetively state the total number of disputed shares cost for the amendment by each voting group together with a statement that the number of cast for the amendment by each voting group was sufficient for approval by that voting group.

- b. IZ The Amendment(s) was duly adopted by the incorporators or board of directors without shareholder approval pursuant to Section 33-6-102(d), 33-10-102 and 33-10-105 of the 1976 South Carelina Code of Laws, as amended, and shareholder action was not required.
- Unless a delayed dated is specified, the effective date of those Articles of Amendment shall be the date of acceptance for filing by the Secretary of State (See Section 33-1-230(b) of 1976 South

Date 12/21/07

Name of Corporation

Name of Corporation

B. Rendert

Type or Print Name and Office

157 Governoer Goop

Mystle Burch, SC 29588

FILING INSTRUCTIONS

- 1. Two copies of this form, the original and either a duplicate original or a conformed copy, must by red,
- If the space in this form is insufficient, please attach additional phoets containing a reference to the appropriate paragraph in
 this form,
- Filing fees and tunes payable to the Secretary of State at bine of thing suplication.

Filing Fee Filing lax Total

\$ 10.00

100,00 \$110.00

Rotum to: Scaretary of State F.O. Box 11550 Columbia, SC 20211

COMPARTICLES OF AMENDMENT, ILAS

Form Revised by South Caroline Secretary of State, January 2000

1 1 114 111